

## CLAIM FORM

### YOUR DETAILS

Name ..... Document No. ..  
.....  
Address.....  
.....  
..... Tel.No. ....  
Are you registered for VAT? .....

### DETAILS OF VEHICLE

Make and Model..... Registration Mark.....  
Date of first registration.....

### DETAILS OF USE

Travelling from ..... To.....  
For the purpose of.....  
(Give details of journey – the words Private/Domestic/Pleasure are not sufficient)

### DETAILS OF BREAKDOWN

Location ..... Date & Time.....  
Could the vehicle be driven?.....  
Cause of breakdown .....  
How many persons were travelling in the vehicle? .....

### DETAILS OF CLAIM (Please indicate the nature of your claim)

#### Home Breakdowns/Roadside Repairs

Time Taken .....  
Amount of Claim (Labour Cost only)  
£ .....

#### Recovery

Delivered to .....  
Miles Travelled .....  
Amount of Claim £ .....

#### Alternative Travel

By (Type of Transport) .....  
To travel to .....  
Amount of Claim £ .....

#### Hotel Accommodation

For (No. of persons) .....  
Rate (per person – room only) .....  
Amount of Claim £ .....

I confirm I have paid the amount specified above

Your Signature ..... Date .....

### DECLARATION

I declare that all of the information given above is true and correct, and I understand that any false statement could result in a claim being denied or the insurance not being valid.

To enable us to deal promptly with your claim, please complete this form and send it together with the original receipts (not photocopies) within 14 days of your breakdown to:-

AUTOAID Claims Department  
Library House, New Road  
Brentwood, Essex CM14 4GD.